

16 July 2020

We are glad to thank you for the assessment of our article “**A small invasive colon cancer with adenoma observed by endocytoscopy**” (Manuscript NO; 56326), submitted previously for publication in *World Journal of Gastrointestinal Endoscopy* as a case report, and for allowing us to resubmit it after revision.

**Specific Comments to Authors:** Very interesting and well presented case report highlighting the usefulness of endocytoscopy for the diagnosis of deeply invasive (colorectal) cancer. We have several comments i) the brand name of the endocytoscopy system should be provided ii) if deep submucosal infiltration (e.g. > 1000 µm) is the weakest predictor for lymph node metastasis (in particular if it is the only adverse predictor). The authors should comment on that. What is the performance of the method for the prediction of more relevant high risk factors (e.g. L1 or budding?) iii) an additional figure of histopathology would be a good addition.

**Response:**

We appreciate the valuable comments and suggestions from the Editors and Reviewers, which helped us significantly improve our manuscript. To address all the comments and suggestions, the following changes were incorporated into our study.

- i) As per your comment, we have provided the brand name of the endocytoscopy system, “CF-H290ECI; Olympus Corp, Tokyo, Japan” (page 5; line 2).
- ii) Following comments were added to the discussion part of the case report as per your suggestion: “Moreover, the incidence of lymph node metastasis (LNM) is extremely low, 1.3% (95% CI, 0-2.4%), in the cases with submucosal invasion depth of 1,000 µm or more without associated risk factors (other than the depth of invasion) as per Japanese guidelines<sup>7</sup>. The risk was very low since this patient had no evidence of lymphovascular invasion, reported to have most predictive value, differentiation, and tumor budding. However if the lesion recurs, it can be life-threatening and therefore a decision on additional treatment should be carefully made.” (page 8-9; line 23-24, 1-7)
- iii) Adhering to your advice, an additional histopathology figure was added (page 14).

We sincerely hope that you will find our responses acceptable and our amended paper suitable for publication in *World Journal of Gastrointestinal Endoscopy*. Thanking you very much for your cooperation.

Sincerely,

Katsuro Ichimasa, MD, PhD

Digestive Disease Center, Showa University Northern Yokohama Hospital

35-1 Chigasaki Chuo, Tsuzuki-ku, Yokohama, Kanagawa 224-8503, Japan

Tel +81-45-949-7535, E-mail: [ichitommy14@yahoo.co.jp](mailto:ichitommy14@yahoo.co.jp)